

Member Certification Form

FY 2013 Membership Certification

Status: APPROVED

Communications Contact

All communications for this form and any questions PBS may have will be made with the following individual. Identify the individual who should receive all communications:

First and Last Name*	Tammy Wiley
E-Mail Address*	tammywiley@missouristat.edu

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	KOZK
Licensee Organization (per FCC License)*	Board of Governors of Missouri State University
if other, Operating Organization	
Organization Street Address*	901 South National Avenue
Organization City*	Springfield
Organization State and Zip Code*	Missouri 65897

The above named licensee organization, a member of the Public Broadcasting Service ("PBS"), certifies that the public television broadcast station(s) operated by the organization (i) provide(s) nonsectarian, nonpolitical, noncommercial educational program service to the general public in the community served by the station(s), in accordance with PBS policies, and (ii) complies at all times with comply terms, conditions and guidelines set forth in the PBS Member Station Handbook and all other applicable PBS policies (available on PBS Connect at <http://connect.pbs.org> under Systemwide Management > PBS Member Toolkit > PBS Member Station Handbook), including without limitations all financial obligations.

The licensee organization understands that this certification is a condition of its membership in PBS.

Signature*	Tammy Wiley
Title*	General Manager
Date*	7/16/2012

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)* Tammy Wiley
 Email Address* TammyWiley@missouristate.edu
 Phone Number* 417-836-6634

II. Station Information

Please list your transmitter information here:

KOZK/21 Springfield; KOZJ/26 Joplin

Please detail below any changes to your transmitter or operation that may have impacted your digital population coverage. (For example, change in the number of transmitters, location, power, etc...):

None

III. Digital Services

A. Broadcast Multicast Channels

Please provide below the name and general description of each of your station's multicast channels. You do not need to provide a description of nationally packaged channels like PBS World, Create and V-ME.

Channel

Channel #	21.2 OPT ED (education)
Channel #	21.3 OPT Create

Identify your Primary PBS Channels

Primary PBS Channel	21.1
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B. Cable/Satellite/FiOS/Mobile/Other

Please describe any additional services your station is providing via Cable, Satellite, FiOS, Mobile, the Internet or any other means. (For example, an educational channel on Cable)

None

Please complete the form and submit by July 23, 2012

If you have any questions about this certification, please contact Thomas Crockett (tcrockett@pbs.org) or Vanessa Butler (vnbutler@pbs.org).